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FEET TRANSMITTAL FOR FY 2009  Applicant claims amail entity status. See 37 CFR 1.27  TOTAL ANOUNT OF PAYMENT  (S) 220.00  Att Unit  1643  Att Unit  1644  Att Unit  1644  Att Unit  1645  Att Unit	F/4-1/				Complete if Known				
For FY 2009  Appleant claims amail entity status. See 37 CFR 1.27  Appleant claims amail entity status. See 37 CFR 1.27  TOTAL AMOUNT OF PAYMENT  (\$) 220.00  Attorney Docket No.	Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).					10/524,520-Conf. #3426			
For FY 2009  Appleant claims amail entity status. See 37 CFR 1.27  Appleant claims amail entity status. See 37 CFR 1.27  TOTAL AMOUNT OF PAYMENT  (\$) 220.00  Attorney Docket No.	FEE TRANSMITTAL			Filing Date (		October 31, 2005			
Application Type Fee (S) Fee (				First Named Inventor Hans LOIBNER		**************************************			
METHOD OF PAYMENT (s) 220.00   Attorney Docket No.   4518-0108PUS1	FOR F 1 2009			Examiner Name B. Duffy		,			
METHOD OF PAYMENT (check all that apply)  Check Credit Card Money Order None Other (please identify):    Check Credit Card Money Order None Other (please identify):	Applicant claims small entity status. See 37 CFR 1.27			Art Unit		1643			
Check Credit Card Money Order None Other (please identify):    X   Deposit Account   Deposit Account Number   Q02-2448   Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP	TOTAL AMOUNT OF PAYMENT (\$) 220.00			Attorney Docket No. 4518-0108P			S1	With the second	
Poposit Account   Deposit Account Number   Q2-2448   Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP	METHOD OF PAYMENT (check all that apply)								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)    Charge fee(s) indicated below	Check Credit Card Money Order None Other (please identify):								
Charge fee(s) indicated below									
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.18 and 1.17	For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
FEE CALCULATION   1. BASIC FILING, SEARCH, AND EXAMINATION FEES   FEE (S)	x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
SEARCH FEES   SEARCH FEES   SMAILENTITY   Fee (S)   Fe									
Fill No Fee (s)   Small Entity   Fee (s)   F	FEE CALCULATION								
Multiple dependent claims   Fee (\$)   Fee (\$									
Application Type	F		SEA		EXAMI				
Design   220   110   100   50   140   70	Application Type Fee		Fee (\$		Fee (\$)		Fees F	Paid (\$)	
Plant	Utility 330	165	540	270	220	110			
Reissue 330 165 540 270 650 325  Provisional 220 110 0 0 0 0 0 0  2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims Fee (\$) Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20.  Indep. Claims Extra Claims Fee (\$) HP = highest number of independent claims paid for, if greater than 20.  Indep. Claims Fee (\$) HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets of fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets Extra Sheets Number of each additional 50 or fraction thereof fee (\$) Fee (\$) Fee Paid (\$) F	Design 226	) 110	100	50	140	70			
Provisional   220   110   0   0   0   0   0   0   0	Plant 220	) 110	330	165	170	85			
Signature   Sig	Reissue 330	) 165	540	270	650	325			
Fee   S   Fee   S   Fee   S   Fee   S	Provisional 220	) 110	0	0	0	0			
Each claim over 20 (including Reissues)  Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Fee Paid (\$)  Multiple Dependent Claims  Fee (\$)  Fee Paid (\$)  Fee Paid (\$)  A - 3 or HP = 1	2. EXCESS CLAIM FEES Small Entit								
Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  40							<u>Fee (\$)</u>	<u>Fee (\$)</u>	
Multiple dependent claims  Total Claims 40 - 46 or HP 0 x 52.00 = 0.00 Fee (\$) Fee Paid (\$)  HP = highest number of total claims paid for, it greater than 20.  Indep. Claims 4 - 3 or HP = 1 x 220.00 = 220.00  HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)  Fees Paid (\$)  Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge):  Registration No. (Altorney/Agent) 30,330 Telephone (858) 792-8855								26	
Total Claims  40 - 46 or HP 0 x 52.00 = 0.00 Fee (\$) Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  Extra Claims  Extra Claims  Fee (\$) Fee Paid (\$)  4 - 3 or HP = 1 × 220.00 = 220.00  HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  Fee (\$) Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Aumber of each additional 50 or fraction thereof  Fee (\$) Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  Fee (\$) Fee Paid (\$)  Fee Paid (\$)  Fees Paid (\$)  Registration No. (Altorney/Agent)  Registration No. (Altorney/Agent)  Registration No. (Altorney/Agent)  Registration No. (Altorney/Agent)									
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Indep. Claims				0.00	E	<u>ee (\$)</u> <u>F</u>	ee Paid (\$	Σ	
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Signature Registration No. (Altorney/Agent) 30,330 Telephone (858) 792-8855	Other (e.g., late filing surcharge):								
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	Signature	& Comment of the Comm			30,330	Telephone	(858) 792	2-8855	